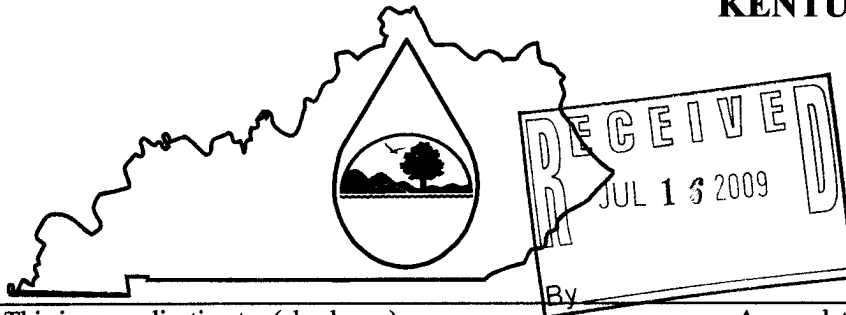


KPDES FORM 1

AZ# 1796

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

CK 200-

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	4	6	5	9	1
A. Name of Business, Municipality, Company, Etc. Requesting Permit Cresline Plastic Pipe Co., Inc.									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.				
Facility Location Name: Cresline Plastic Pipe Co., Inc.					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Jeff Denton				
Facility Location Address (i.e. street, road, etc., not P.O. Box): 851 US 41 South					Mailing Address: 851 US 41 South				
Facility Location City, State, Zip Code: Henderson KY 42420					Mailing City, State, Zip Code: Henderson KY 42420				
D. Owner's name (if not the same as in part A and C): Cresline Plastic Pipe Co., Inc.					Facility Contact Telephone Number: 270-826-8317				
Owner's Mailing Address: 600 Cross Point Blvd Evansville IN 47715					Owner's Telephone Number (if different): 812-428-9300				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Plastic Pipe Plant - Extrusion of plastic pipe.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	3084		
Other SIC Codes:	4930	3079	

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located: Henderson	City where facility is located (if applicable): Henderson
C. Body of water receiving discharge: Tributary of Canoe Creek	
D. Facility Site Latitude (degrees, minutes, seconds): 37 48 38.4	Facility Site Longitude (degrees, minutes, seconds): 87 34 30.4
E. Method used to obtain latitude & longitude (see instructions): GPS +/- 90 meters	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 048242259	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:
Cresline Plastic Pipe Co., Inc.

Telephone Number:
270-826-8317

Operator Mailing Address (Street):
851 US 41 South

Operator Mailing Address (City, State, Zip Code):
Henderson KY 42420

Is the operator also the owner?
Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.
Yes ☐ No ☒

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY 0046591

Issue Date of Current Permit:

June 1, 2006

Expiration Date of Current Permit:

April 30, 2010

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Nov/Dec 2000

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit	KYD-006-519-987	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Jeff Denton, Maintenance Supervisor

DMR Official Telephone Number:

270-826-8317

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

DMR Mailing Address:

DMR Mailing City, State, Zip Code:

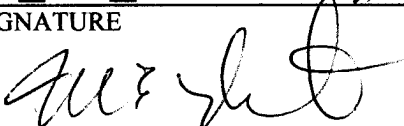
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Non-Process Industry	\$200.00

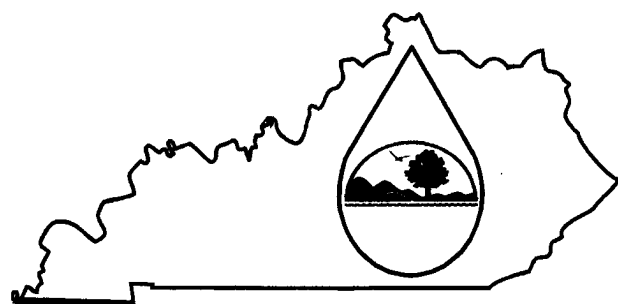
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Michael E. Hatley, V.P. Manufacturing	270-831-1793
SIGNATURE 	DATE: 5-1-09

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**

KPDES FORM F



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION	AGENCY USE								
----------------------------	------------	--	--	--	--	--	--	--	--

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
1	37	48	38.4	87	34	30.4	Tribuary of Canoe Creek

II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementaiton schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	No.	Source of Discharge		a. req.	b. proj.
n/a					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each know past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
1	435,788 sq ft	19.5 acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Herbicides used occasionally for grounds keeping.

Hazardous material (acetone, cyclohexanone, used oil) are stored in drums outside. The drums are contained inside weather proof containers with a sump to contain any possible release.

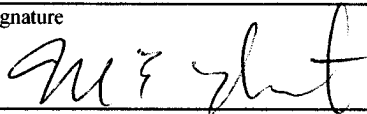
PVC powder and polyethylene pellets are stored in silos. Any leaks or spills are swept up and disposed by BFI.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
n/a		

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Michael E. Hatley, VP Manufacturing		5-1-09


B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Grab method. 3/19/2009

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

none

VII. DISCHARGE INFORMATION			
A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.			
E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.			
<input checked="" type="checkbox"/> Yes (list all such pollutants below) <input type="checkbox"/> No (go to Section IX)			
(1) Vinyl Chloride			
VIII. BIOLOGICAL TOXICITY TESTING DATA			
Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?			
<input type="checkbox"/> Yes (list all such results below) <input checked="" type="checkbox"/> No (go to Section IX)			
IX. CONTRACT ANALYSIS INFORMATION			
Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?			
<input type="checkbox"/> Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary). <input checked="" type="checkbox"/> No (go to Section IX)			
A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
X. CERTIFICATION			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.			
NAME & OFFICIAL TITLE (type or print)		AREA CODE AND PHONE NO.	
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Michael E. Hatley, VP Manufacturing			
SIGNATURE		DATE SIGNED	
		5-1-09	

OUTFALL NO:

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	BDL	BDL	DBL	BDL	1	
Biological Oxygen Demand BOD ₅						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)	BDL	BDL	BDL	BDL	1	
Total Kjeldahl Nitrogen						
Nitrate plus Nitrite Nitrogen						
Total Phosphorus						
pH	Minimum 7.29	Maximum 7.29	Minimum 7.29	Maximum 7.29	1	

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

KENTUCKY STATE TREAS

Payment No.: 2000000458
Payment Date: 04/29/2009
Vendor No.: 300757
Check No.: 425345
Page: 1 of 1

Invoice Number	Invoice Date	Document Number Text	Gross Amount	Discount	Net Amount
RENEWAL FEE	04/27/2009	1900000522	200.00	0.00	200.00
Check Total.....					\$ 200.00

DETACH FROM CHECK AND KEEP FOR YOUR RECORDS

THIS DOCUMENT IS PRINTED ON SECURITY PAPER CONTAINING A TRUE WATERMARK IN THE PAPER AND HAS A COLORED BACKGROUND ON THE FACE, NOT A WHITE BACKGROUND.

CRESLINE
CRESLINE PLASTIC PIPE CO., INC.

OLD NATIONAL BANK
EVANSVILLE, INDIANA
CORPORATE HEADQUARTERS: 600 CROSS POINTE BLVD. • EVANSVILLE, INDIANA 47715-9119
TELEPHONE: (812) 428-9300 • WWW.CRESLINE.COM

425345
04/29/2009

\$*****200.00

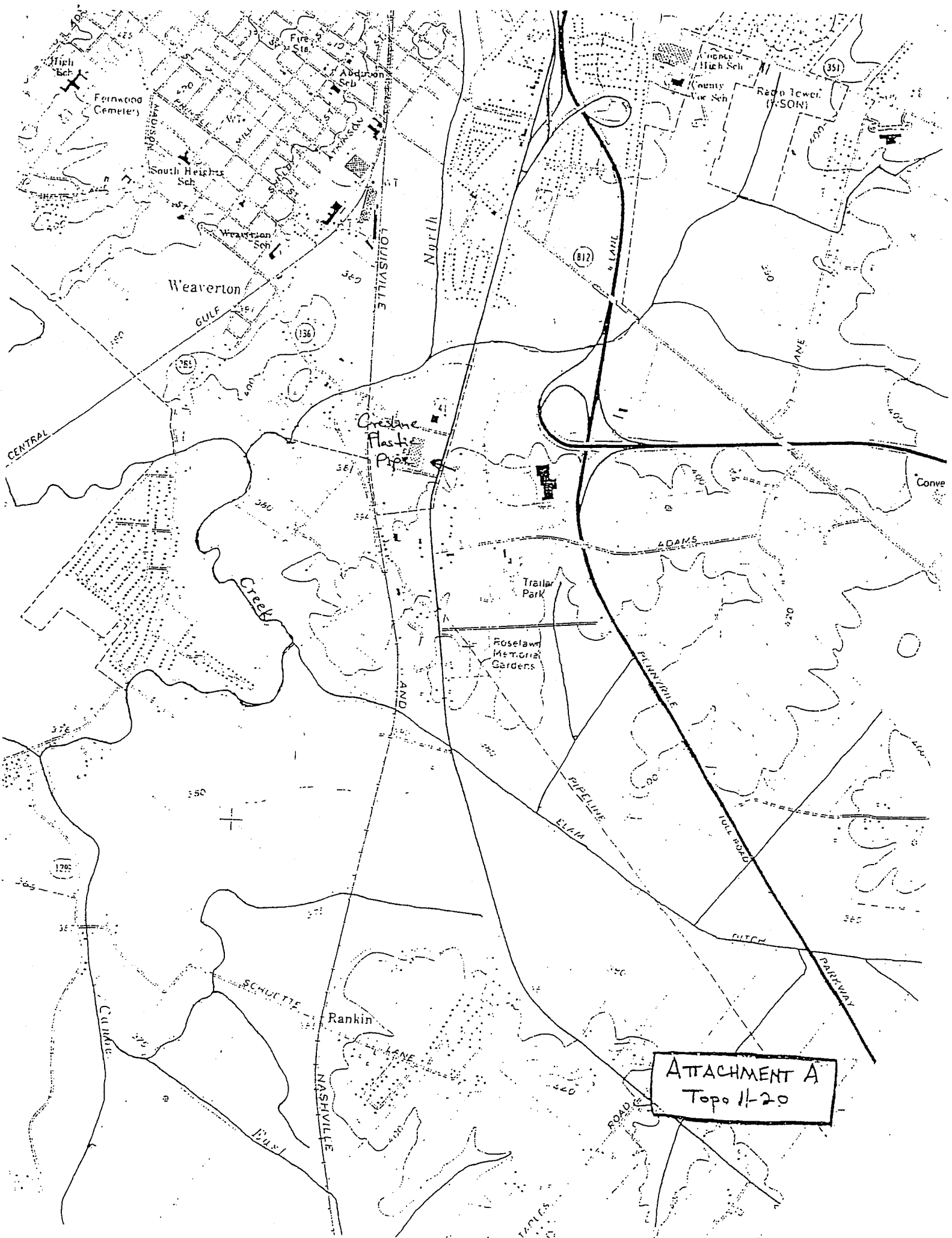
PAY EXACTLY TWO HUNDRED AND 00/100 Dollars ***

KENTUCKY STATE TREAS

TO THE
ORDER
OF

CRESLINE
CRESLINE PLASTIC PIPE CO., INC.

Becca A. Fisher



ATTACHMENT A
Topo 11-20

